

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-002776

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED FEB 1 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Perry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Perryville TOWN		c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Perry Co. Memorial Hosp.		d. STREET ADDRESS (If outside, give location) 4365 Osceola Street Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First EDWARD Middle CHARLES Last BEHM		4. DATE OF DEATH Month January Day 19 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Apr. 3, '11
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Roofers		10b. KIND OF BUSINESS OR INDUSTRY City of St. Louis	
13a. FATHER'S NAME Julius Behm		13b. MOTHER'S MAIDEN NAME Emma Lueders	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		17. INFORMANT Address Mrs. Emma Behm, 4365 Osceola Street (16)	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____		INTERVAL BETWEEN ONSET AND DEATH 14.	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART-II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from 1-19-63 to 1-19-63 and last saw him alive on 1-19-63 Death occurred at 9 A m on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED 1-21-63	
22a. SIGNATURE (Degree or title) G. E. Fairchild, M.D.		22b. ADDRESS Perryville, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri.	
23b. DATE Jan. 22, 1963		23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	
24. FUNERAL DIRECTOR ADDRESS Beiderwieden F. H. Inc., St. Louis (6)		25. DATE RECD. BY LOCAL REG. 1-21-63	
		26. REGISTRAR'S SIGNATURE Joel J. Zollner	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

FEB 1 1968

JUN 12 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Wm. H. J. J. J.

Licensed Embalmer No.

3882

P. O. Address

St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.